


AIR

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PTO/SB/50 (02-01)  
Approved for use through 01/31/2004. OMB 0651-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	501,34214R00
First Named Inventor	T. Takahashi
Original Patent Number	5,966,341
Original Patent Issue Date (Month/Day/Year)	10/12/99
Express Mail Label No.	

APPLICATION FOR REISSUE OF:  
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☐ Written Consent of all Assignees (PTO/SB/53)
  - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes  
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
  - ☐ Ribboned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: .....

### 18. CORRESPONDENCE ADDRESS



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NAME (Print/Type)

Gregory E. Montone

Registration No. (Attorney/Agent)

28,141

Signature

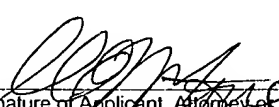


Date

October 12, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 501.34214R00		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 19	**** 0	=	x \$ ____ =	or	x \$18 = \$0	
(C)	Independent claims (37 CFR 1.16(i))	(D) 3	• 4	=	x \$ ____ =		x \$84 = \$336	
Basic Fee (37 CFR 1.16(h))						\$ ____	\$ 740	
Total Filing Fee						\$ ____	OR \$1,076	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$ ____ =	x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =	x \$ ____ =		
Total Additional Fee						\$ ' ____	OR \$ ____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-2135 (501.34214R00)</u> A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p>10/12/01</p> <p>_____ Date</p> </div> <div style="text-align: right;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p><b>Gregory E. Montone</b> _____ Typed or printed name</p> </div> </div>								

097496-1101

501.34214R00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: T. TAKAHASHI et al.  
Serial No.: Not yet assigned  
Filed: On even date  
For: SEMICONDUCTOR MEMORY



CLAIM FOR PRIORITY

Assistant Commissioner for Patents  
Washington, D.C. 20231

October 12, 2001

Sir:

Under the provisions of 35 USC 119 and 37 CFR 1.55,  
applicants hereby claim the right of priority based on:

Date of Application: December 20, 1994

Application Number: 6-334950

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS LLP

By

A handwritten signature in dark ink, appearing to read "Gregory E. Montone", written over a horizontal line.

Gregory E. Montone  
Registration No. 28,141

GEM/kd  
(703) 312-6600

Attachment